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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K75081 (5)

1. Corporation Name
SMITH SECURITY SPECIALISTS, INC.



Principal Place of Business

6416 PRINCE AVENUE
SEBRING FL 33872

Mailing Address

6415 PRINCE AVENUE
SEBRING FL 33872

3. Date Incorporated or Qualified
03/23/1989

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 6416 Prince Ave 26 6416 Prince Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 23 Sebring FL 28 Sebring FL

City & State

City & State

24 33872 25 Highlands 29 33872 30 Highlands

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DIANNA W
6416 PRINCE AVE.
SEBRING FL 33872

81 Name Viviel V. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

2705 Dolphin Dr.

83

84 City

Sebring FL

85 Zip Code

33870

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Viviel V. Smith

Signature, typed or printed name of registered agent and title if applicable

Viviel V. Smith

3-16-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DIANNA W	
STREET ADDRESS	6416 PRINCE AVE.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WAYNE D JR.	
STREET ADDRESS	4407 DOLPHIN DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GLEN	
STREET ADDRESS	6416 PRINCE AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DIANNA W	
STREET ADDRESS	6416 PRINCE AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Viviel Smith	
1.3 STREET ADDRESS	2705 Dolphin Dr.	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Wayne D. Jr	
2.3 STREET ADDRESS	2705 Dolphin Dr.	
2.4 CITY-ST-ZIP	Sebring FL 33870	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Viviel V. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

941-382-0220

Daytime Phone #

CR2E034 (12/95)